Cain Connections PAC

PO Box 25254 Alexandria, VA 22313 RECEIVED

2011 DEC 15 PM 12: 26

FEC MAIL CENTER

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

A. A. Holm

Anthony Holm,

Treasurer

FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

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				office Old DEC 15 PM 12: 2
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	#TCL D-FUO	FEC MAIL CENTER
Cain Connection	ns PAC		·	1
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			بالبللأ	<u> </u>
ADDRESS (number and street)	PO Box 25254	_ _ _ _ _ _ _ _	1 1 1 1 1 1 1 1	
	1			
(Check if address is changed)	Alexandria		, ,VA , ,	22313
A STATE OF THE STA		<u> </u>	ا لثا ل	<u> </u>
		CITY	STATE	ZIP CODE
The second second				era
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one aholm@mindspring.com	e-mail address)		
(Check if address				
(Check if address is changed)		. 1, 1 1 1	1 1 1 1 1 1 1	
COMMITTEE'S WEB PAGE AD	DRESS (URL)	ı	•	
Page (Charle if address			<u> </u>	
(Check if address is changed)	1			
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				·
2. DATE 12 1	4 2011			
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A	s)	
\$		binas .	•	
I certify that I have examined ti	his Statement and to the be	est of my knowledge and beli	ef it is true, correct	and complete.
Toron or Drink Name of Toronson	Anthony Holm			
Type or Print Name of Treasure	.F			
	A A Hola		Date / Z	13 2011
Signature of Treasurer	17,700		Date / Z	
NOTE: Submission of false, erron	eous or incomplete informatic	on may subject the person sign	ing this Statement to	the nenalties of 2 U.S.C. 8437~
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Office Use		For further informati	mission	FEC FORM 1
Only		Toll Free 800-424-953	U	(Revised 02/2009)

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5.	TYPE	OF C	OMMITTEE					
	Can	didate	: Committee:					
	(a)	2000 C4100	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Candi							
	Candi Party	date Affiliatio	Office State Senate President District					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	v Com	nmittee:					
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
	Polit	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
			Corporation Corporation w/o Capital Stock Labor Organization					
			Membership Organization Trade Association Cooperative					
			In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint	Fund	raising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a fedoral candidate.					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser					
		1.						
		2.						
		3.	FEC ID number C					
		4.	FEC ID number C					

Write or Type Committee Name								
Cain Connections PAC								
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
NONE								
Mailing Address								
	CITY STATE ZIP CODE							
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor							
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in possession of committee							
, Anthony H	olm							
Full Name	PO Box 25254							
Maining Addiess								
	Alexandria VA 22313							
Title or Position	CITY STATE ZIP CODE							
Treasurer	Telephone number 512 585 0002							
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).							
Full Name Anthony Ho	olm 							
Mailing Address	PO Box 25254							
	Alexandria VA 22313 CITY STATE ZIP CODE							
Title or Position Treasurer	Telephone number 512 - 585 - 0002							

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Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP C O DE
Title or Position			
	Telep	hone number	-
Name of B an k , Depos	ank of America		<u> </u>
Mailing Address	600 N Washington St		
		1 1 1 1 1 1 1 1	
**	Alexandria	VA	2314
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
L		<u> </u>	<u> </u>
Mailing Address		<u> </u>	<u> </u>
			<u> </u>
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Fed Go Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):

DATE PREPARED